APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

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CITY CLERA'S OFFICE

NOTE: This form must be on file with the qualifying officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Partv 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code) 4 Telephone 5. E-mail åddress Knsternarosengonzalez, com 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate. 8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a No Party Affiliation candidate. Write-In Party 9. I have appointed the following person to act as my Sampaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasuren 12. Telephone 11. Mailing Address 00 (305) 76 14. County 13. City 15. State 16. Zip Code 17. E-mail address ami intental rosengonzale **Primary Depository** Secondary Depository 18. I have designated the following bank as my 19. Name of Bank 20. Address annna 21. City 23. State 22. Gounty 24. Zip Code IAMI f a A UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING/FØRM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 25. Date 26. Signature of Candidate 27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) do hereby accept the appointment (Please Print or Type Name) designated above as: Campaign Treasurer Deputy/Treasurer. X

Signature of Campaign Treasurer or Deputy Treasurer